

Instructions to all applicants:

1. Print, Read and complete all of the attached documents. Please print legibly.
2. Make Sure Documents are **NOTARIZED**
3. To return all documents you **MUST** contact the New Haven Firearms Unit to schedule an appointment from Monday-Thursday between the hours of 8:30 am – 2:00 pm. Please allot approximately (30) thirty minutes for a brief interview upon submission.

E-mail: [firearmlicensing@newhavenct.gov](mailto:firearmlicensing@newhavenct.gov)

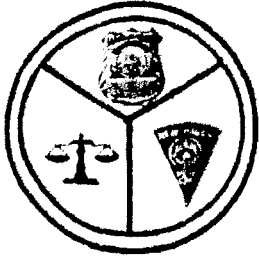
4. Go to [www.biodentserv.com](http://www.biodentserv.com) to see a schedule of fingerprints locations and hours in the State.

Note: All incomplete applications will **NOT** be accepted.

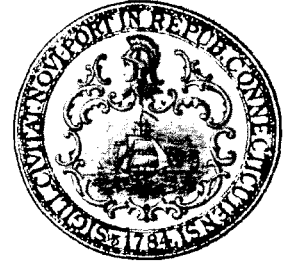
Feel free to contact this Office with any questions. 203-946-6304 x1312

NEW HAVEN  
DEPARTMENT OF POLICE SERVICE

One Union Avenue • New Haven • Connecticut • 06519



Otoniel Reyes  
Chief of Police



Justin Elicker  
Mayor

## Attention

Effective January 1st, 2019  
State of Connecticut  
Pistol Permit Fees  
Public Act 09-3

Application Fees- Must be Money Orders: USE BLUE INK TO FILL APPLICATION

**\*\* (No Cash or Personal Checks, No refunds during :: or after process)\*\***

1) State of CT Fingerprinting Card Processing Fee: \$75.00

\*\*\*Made Payable To: Treasurer-State of CT

2) Federal Fingerprint Card Processing Fee: \$13.25

\*\*\*Made Payable To: Treasurer-State of CT

3) Local Authority (New Haven Police Department) Fee: \$70.00

\*\*\*Made Payable To: City of New Haven

After qualifying for and receiving a Temporary State Permit from Local Authority

4) DSP (Department of State Police) Pistol Permit Fee:

\*\*\*Made Payable To: Treasurer-State of CT \$70.00

---

Effective 12/01/2017, Electronic Application Fingerprinting for all purposes will be available at the New Haven Police Department.

Days & Hours: Monday and Friday from 10:00 A.M to 2:00P.M.

Every First Saturday of each month from 9:00A.M to 1:00 P.M

Fingerprints Fee is \$25.00 per applicant and payable in Cash, Money Order and Bank Cashier's Checks. \*\*\*Notary Public Service are also available on the above days and times. \*\*\*No Credit Cards or Personal Checks Accepted\*\*\*

To check status call: 203-946-2804 Leave name and Contact number.

*Dedicated to Protecting Our Community*

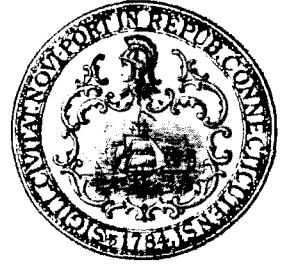
Phone (203) 946-6333 fax (203) 946-7294 website [www.cityofnewhaven.com/gov/depts/nhpd](http://www.cityofnewhaven.com/gov/depts/nhpd)

NEW HAVEN  
DEPARTMENT OF POLICE SERVICE

One Union Avenue • New Haven • Connecticut • 06519



Otoniel Reyes  
Chief of Police



Justin Elicker  
Mayor

WHO IS ALLOWED TO OBTAIN A PISTOL PERMIT?

I UNDERSTAND THAT UNDER SECTION 29-28, CGS, CERTAIN CONVICTIONS AND OTHER EVENTS PROHIBIT THE ISSUANCE OF A PERMIT TO CARRY PISTOL AND REVOLVERS. THE FOLLOWING IS LIST OF THESE CONVICTIONS AND OTHER EVENTS.

1. Failure to complete a course prescribed by the Commissioner of Public Safety in the Safety and use of Pistol and Revolvers.
2. Felony Conviction
3. Misdemeanor Conviction for:
  - A. Penalty for Illegal Possession, Alternative Sentences Subsection (C) of Section 21a-279.
  - B. Criminally Negligent Homicide 53a-58.
  - C. Assault in the third degree 53a-63.
  - D. Assault of victim sixty or older in the Third Degree 53a-61a.
  - E. Threatening, Section 53a-62.
  - F. Reckless Endangerment in the First Degree 53a-63.
  - G. Unlawful Restrain in the Second Degree 53a-96.
  - H. Riot in the First Degree 53a-175.
  - I. Riot in the Second Degree 53a-176.
  - J. Inciting to Riot 53a-178.
  - K. Stalking in the Second Degree 53a-181d.
4. Has been discharged from custody within the preceding 20 years after having been found not guilty of a crime by reason of Mental Disease or Defect Pursuant to Section 53a-12.
5. Has been confined in a Hospital for Mental Illness as defined in section 17a-495, within the preceding 12 months by order of a Probate Court.
6. Subject to a Restraining or Protective Order issued by a Court in a case involving the use, attempted use or threaten use of a physical force on another person.
7. Is an Alien Illegally or Unlawful in the United States.

*Dedicated to Protecting Our Community*

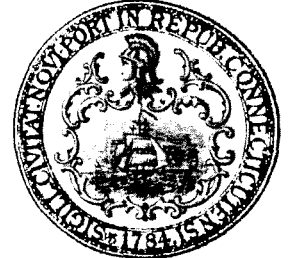
Phone (203) 946-2804 fax (203) 946-7294 website [www.cityofnewhaven.com/gov/depts/nhpd](http://www.cityofnewhaven.com/gov/depts/nhpd)

NEW HAVEN  
DEPARTMENT OF POLICE SERVICE

One Union Avenue • New Haven • Connecticut • 06519



Otoniel Reyes  
Chief of Police



Justin Elicker  
Mayor

ATTENTION APPLICANTS FOR PISTOL PERMITS

APPLICANTS MUST BE 21 YEARS OF AGE

1. PLEASE SUBMIT AN APPLICATION COMPLETELY TYPED OR LEGIBLY PRINTED
2. WE WILL NEED 2X2 COLOR PHOTOGRAPH <PASSPORT STYLE>, A COPY OF YOUR BIRTH CERTIFICATE OR PASSPORT, OR IF A NATURALIZED CITIZEN, A COPY OF YOUR PAPERS. IF LEGAL ALIEN, WE WILL NEED A PHOTOCOPY OF YOUR GREEN CARD.
3. WE WILL NEED A PHOTOCOPY OF AN OFFICIAL PICTURE ID (example: Driver's License-State Identification) WITH NEW HAVEN ADDRESS TO SHOW PROOF OF RESIDENCY
4. IF APPLAICANT IS APPLYING FOR DANGEROUS WEAPON PERMIT, A LETTER FROM THEIR EMPLOYER SHOWING JOB IN WHICH WEAPON REQUIERED.
5. YOU WILL NEED A CERTIFICATE OF SUCCESSFUL (NRA) COMPLETION OF A COURSE IN PISTOL SAFETY. YOUR SAFETY COURSE (NRA) MUST INCLUDE LIVE-FIRING OF A FIREARM (I.E. NO DRY FIRING/SIMULATED FIRE/SIMUNITIONS.) THE COPY OF THE NRA CERTIFICATE IS REQUIERED.
6. WE NEED YOUR FINGERPRINT CARD COMPLETE. ATTACHED IS A SHEET WITH DATES AND TIMES THAT FINGERPRINTING WILL BE DONE INCLUDING ALL FEES NEEDED TO PROCESS THE APPLICATION.
7. THE APPLICATION AND THIS FORM MUST BE NOTORIZED. APPLICANTS MUST INCLUDE THEIR HOME OR CELLPHONE NUMBER SO THEY CAN BE CONTACTED.
8. THE WAITING PERIOD IS WITHIN EIGHT WEEKS FROM THE RECEIPT OF THE COMPLETE APPLICATION.
9. FEES: "MONEY ORDERS ONLY" YOU WILL NEED TO INCLUDE THREE (3) MONEY ORDERS: THE FIRST (1<sup>st</sup>) MONEY ORDER IS MADE OUT TO THE CITY OF NEW HAVEN FOR \$70.00. THE SECOND (2ND) MONEY ORDER IS MADE OUT TO THE TREASURER STATE OF CT FOR \$75.00. THE THIRD (3RD) MONEY ORDER IS ALSO MADE OUT TO THE TREASURER STATE OF CT FOR \$13.25.

\*\*\*\*\*THIS DOCUMENT MUST BE NOTARIZED\*\*\*\*\*

\*\*\*\*THE INFORMATION PROVIDED BY THE APPLICANT ON THIS FORM IS SIGNED UNDER THE PENALTIES OF STATE LAW FOR MAKING A FALSE STAEMENT\*\*\*\*

Signature of applicants. \_\_\_\_\_ Date \_\_\_\_\_

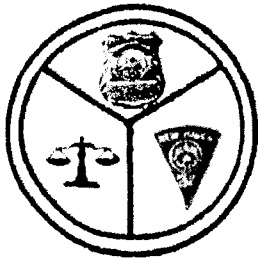
Notary signature \_\_\_\_\_ Date \_\_\_\_\_

*Dedicated to Protecting Our Community*

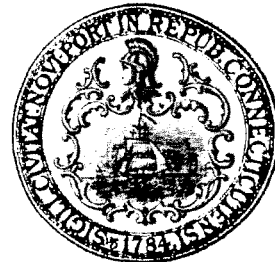
Phone (203) 946-6333 fax (203) 946-7294 website [www.cityofnewhaven.com/jpolice](http://www.cityofnewhaven.com/jpolice)

NEW HAVEN  
DEPARTMENT OF POLICE SERVICE

One Union Avenue • New Haven • Connecticut • 06519



Otoniel Reyes  
Chief of Police



Justin Elicker  
Mayor

AUTHORIZATION FOR THE RELEASE OF PERSONAL INFORMATION

\_\_\_\_\_, hereby authorize a review and full disclosure of all records, concerning myself, to any agent of the New Haven Police Department of Police Service, whether these records are of public, private or confidential nature, including:

1. Records of complaints, arrest, trail and / or convictions for alleged or actual violation of the law, including criminal and /or traffic records, probation records.

It is the intent of this authorization to provide full and free access to the background investigation which may provide data for the New Haven Department of Police Service in determining suitability for a pistol permit.

I understand the New Haven Department of Police Service learns from these records will be considered in determining the suitability for a pistol permit. I had this explained to me and I fully understand the refusal to grant this authorization will make it impossible for the New Haven Department of Police Service to consider my application.

A photocopy of this release will be valid as an original, even though the photocopy does not contain an original signature.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Address \_\_\_\_\_ S.S. # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public, Justice of the Peace

*Dedicated to Protecting Our Community*

Phone (203) 946-2804 fax (203) 946-7294 website [www.cityofnewhaven.com/gov/depts/nhpd](http://www.cityofnewhaven.com/gov/depts/nhpd)

STATE OF CONNECTICUT  
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION  
DIVISION OF STATE POLICE  
Special Licensing and Firearms Unit



**PISTOL PERMIT/ELIGIBILITY CERTIFICATE APPLICATION**

(Pursuant to C.G.S. §§ 29-28 et. seq., 29-36 et. seq., and 53a-217 et. seq.)

In completing this application, it is suggested that you review the Connecticut General Statutes pertaining to this application, which can be accessed on the Internet at [www.cga.ct.gov](http://www.cga.ct.gov), or through your local library.

**Type of Permit Requested:**

**Check Box:**

- ☐ 60 Day Temporary State Pistol Permit  
☐ Non-Resident State Pistol Permit  
☐ Eligibility Certificate to Purchase Pistols or Revolvers  
☐ Eligibility Certificate to Purchase Long Guns

**Instructions:**

Instructions for State Pistol Permits:	Instructions for Non-Resident State Pistol Permits:	Instructions for Eligibility Certificates to Purchase Pistols or Revolvers and/or Eligibility Certificates to Purchase Long Guns:
<p>1. Complete this form (DPS-799-C) and submit to appropriate local authority (local police, resident state trooper or first select person, as applicable) along with all of the following:</p> <ul style="list-style-type: none"> <li>▪ Firearms Safety &amp; Use Course Certificate;</li> <li>▪ \$70.00, fee, payable to the local authority; and</li> <li>▪ Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.).</li> </ul> <p>2. Submit fingerprints for a criminal history check through a law enforcement agency. Fees include a \$75.00 fee and a \$13.25 fee, payable at the agency where the prints are taken. Fees must be paid by separate checks.</p> <p>3. Upon approval, the local authority will issue a Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C), effective for 60 days.</p> <p>4. Within the 60 day period, go to a DESPP, Division of State Police, pistol permit location and submit the following:</p> <ul style="list-style-type: none"> <li>▪ The Temporary State Permit to Carry Pistols and Revolvers (DPS-11-C) issued by the local authority;</li> <li>▪ A completed Application for State Permit to Carry Pistols and Revolvers (DPS-46-C);</li> <li>▪ \$70.00 fee, payable to <b>Treasurer, State of Connecticut</b>;</li> <li>▪ Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.); and</li> <li>▪ Proof of valid state issued photo identification card.</li> </ul> <p>5. Upon approval, your photograph will be taken at DESPP and you will be issued a state pistol permit.</p>	<p style="text-align: center;"><b>**CALL DESPP FOR PACKET**</b></p> <p><i>You must hold a valid permit or license to carry a pistol or revolver issued by a recognized United States jurisdiction.</i></p> <p>Complete this form and submit to DESPP, Division of State Police, pistol permit location along with all of the following:</p> <ul style="list-style-type: none"> <li>▪ Completed State of CT and Federal fingerprint card with \$75.00 fee and \$13.25 fee, payable to <b>Treasurer, State of Connecticut</b> for criminal history background checks;</li> <li>▪ Firearms Safety &amp; Use Course Certificate;</li> <li>▪ \$70.00 fee, payable to <b>Treasurer, State of Connecticut</b>;</li> <li>▪ Completed Application for State Permit to Carry Pistols and Revolvers form (DPS-46-C);</li> <li>▪ Completed DPS-129-C signed and notarized and 2x2 color photograph (passport style);</li> <li>▪ Copy of the permit or license to carry a pistol or revolver issued to you by a recognized United States jurisdiction;</li> <li>▪ Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.); and</li> <li>▪ Proof of valid state issued photo identification card.</li> </ul> <p><b>Out of State Pistol Permit Information:</b></p> <p>State of Issue: _____</p> <p>Expiration Date: _____</p> <p>Permit Number: _____</p>	<p>1. Complete this form and submit in person at DESPP Headquarters, Division of State Police, located at 1111 Country Club Road, Middletown, Connecticut along with the below:</p> <ul style="list-style-type: none"> <li>▪ Firearms Safety &amp; Use Course Certificate;</li> <li>▪ \$35.00 fee, payable to <b>Treasurer, State of Connecticut</b>;</li> <li>▪ Application for a State Eligibility Certificate for a Pistol or Revolver or for Long Guns (DPS-164-C);</li> <li>▪ Proof you are legally and lawfully in the United States (e.g., certified copy of birth certificate, U.S. passport or documentation issued by I.C.E.); and</li> <li>▪ Proof of valid state issued photo identification card.</li> </ul> <p>2. Submit fingerprints for a criminal history check through a law enforcement agency. Fees include a \$75.00 fee and a \$13.25 fee, payable at the agency where the prints are taken. Fees must be paid by separate checks.</p> <p>3. Upon approval, your photograph will be taken at DESPP and you will be issued an eligibility certificate.</p>

For Department of Emergency Services and Public Protection (DESPP), Division of State Police, pistol permit locations, access [www.ct.gov/despp](http://www.ct.gov/despp) and follow the link to the Special Licensing and Firearms Unit or call (860) 685-8290. Note: All payments must be made with separate checks.

**Contact / Identifying Information:**

Suffix  
☐.  
 Middle Initial

Page 7 of 4

STATE OF CONNECTICUT  
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION  
DIVISION OF STATE POLICE

**Medical History:**

Have you been confined in a hospital for mental illness in the past sixty (60) months by order of a Probate Court?  
☐ NO ☐ YES If "YES," explain: (Attach additional sheet(s), if necessary)

Have you been discharged from custody within the past twenty years after having been found not guilty of a crime by reason of a mental disease or defect? ☐ NO ☐ YES  
If "YES," explain: (Attach additional sheet(s), if necessary)

Have you been voluntarily admitted to a hospital for mental illness within the past six (6) months for reasons other than solely for alcohol or drug dependence? ☐ NO ☐ YES  
If "YES," explain: (Attach additional sheet(s), if necessary)

**Notice:** DESPP herein notifies the applicant that, pursuant to C.G.S. §§ 29-28 through 29-38b, DESPP will be notified by the Department of Mental Health and Addiction Services if the applicant has been confined to a hospital for psychiatric disabilities within the preceding sixty (60) months by order of Probate Court, or if the applicant has been voluntarily admitted to a hospital for mental illness within the past six (6) months for reasons other than solely for alcohol or drug dependence.

**Criminal History:**

Have you ever been **ARRESTED** for any crime, in any jurisdiction? ☐ NO ☐ YES If "YES," list all arrests, indicating charges, locations, dates of arrest and dispositions. (Attach additional sheet(s), if necessary)

**Notice:** You are *not* required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to C.G.S. §§46b-146, 54-76o, or 54-142a. If your criminal records have been erased pursuant to one of these statutes, you may swear under oath that you have never been arrested. Criminal records that may be erased are records pertaining to a finding of delinquency or that a child was a member of a family with service needs (C.G.S. 46b-146), an adjudication as a youthful offender (C.G.S. 54-76o), a criminal charge that has been dismissed or nolle, a criminal charge for which the person has been found not guilty, or a conviction for which the person received an absolute pardon (C.G.S. 54-142a).

With regard to criminal history information arising from jurisdictions other than the State of Connecticut: You are not required to disclose the existence of any arrest, criminal charge or conviction, the records of which have been erased pursuant to the law of the other jurisdiction. Additionally, you are not required to disclose the existence of an arrest arising from another jurisdiction if you are permitted under the law of that jurisdiction to swear under oath that you have never been arrested.

Have you ever been **CONVICTED** under the laws of this state, federal law or the laws of another jurisdiction?  
☐ NO ☐ YES If "YES," list all convictions, include charges, location, date of arrest, and disposition. (Attach additional sheet(s), if necessary)

Are you currently on probation, parole, work release, in an alcohol and/or drug treatment program or other pre-trial diversionary program or currently released on personal recognizance, a written promise to appear or a bail bond for a pending court case? ☐ NO ☐ YES If "YES," explain. (Attach additional sheet(s), if necessary)

Within the past five (5) years, have you been the subject of a Protective Order or Restraining Order issued by a court in a case involving the use, attempted use or threatened use of physical force against another person, regardless of the outcome or result of any related criminal case? ☐ NO ☐ YES

If "YES," which court issued the order?

**Military History:**

Were you ever a member of the Armed Forces of the United States? ☐ NO ☐ YES (If yes, please include a copy of your DD-214)

Were you ever discharged from the Armed Forces of the United States with a less than Honorable Discharge? ☐ NO ☐ YES



STATE OF CONNECTICUT  
DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC PROTECTION  
DIVISION OF STATE POLICE

**Proof of Training:**

*\*Attach a copy of the letter or certificate attesting that you have completed a course in the safety and use of pistols and revolvers or long guns (as appropriate, depending upon which permit or certificate you are requesting), signed by the instructor of the course.*

**Instructor:** (Check applicable box)

- ☐ National Rifle Association  
☐ Department of Energy and Environmental Protection (DEEP)  
☐ Other: \_\_\_\_\_

**State Instructor's Name and ID Number:** \_\_\_\_\_

**Declaration:**

I understand that any false statement herein, which I do not believe to be true and which is intended to mislead a public servant in the performance of his or her official function, is punishable by law (See CGS § 53a-157b). I further understand that any statement in this application that is determined to be false or inaccurate shall constitute grounds for the denial of such application. If approved before the facts are known, such approval shall be void if based on a false or inaccurate statement. My signature below attests to the accuracy, completeness and to the truth of all information supplied on this application:

I declare, under the penalties of false statement, that the answers to the above are true and correct.

Date \_\_\_\_\_

Signed \_\_\_\_\_

STATE OF \_\_\_\_\_

Print Name \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Name:  
Notary Public  
My Commission Expires:  
Commissioner of Superior Court

**NOTICE: Appeal Process for Permits**

In the event that your application for pistol permit or eligibility certificate is denied or revoked, you may notify the Board of Firearm Permit Examiners, at 20 Trinity St., 5<sup>th</sup> Floor, Hartford, CT 06106. Telephone: (860)256-2977 OR (860) 256-2947, in writing, within ninety (90) days, in order to begin your appeal process. At a hearing before the Board, you may request that your application be reconsidered or that your permit or eligibility certificate be reinstated.

**For Official Use Only:**

**Application Received:**

□□/□□/□□□□  
Month/Day/Year

FBI Sent: ☐ No ☐ Yes  
FBI Reply: ☐ No ☐ Yes  
ICE Response: ☐ No ☐ Yes  
DMHAS: ☐ No ☐ Yes  
SPBI: ☐ No ☐ Yes  
Number: \_\_\_\_\_

**Application Status:**

☐ Approved ☐ Denied

\_\_\_\_\_  
(Signature and title of issuing authority)